MISSOURI STATE BOARD OF NURSING NEWSLETTER

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Message From the President

Authored by Teri A. Murray, PhD, RN
Board President

Patient Safety and a Just Culture

Murray

The report "To Err is Human: Building a Safer Health System[1]" highlighted concern about medical errors and issues related to patient safety. Since that publication, efforts to improve patient safety have dramatically increased. Numerous programs have been initiated within health care organizations to promote patient safety. Many of those programs have focused attention on specific aspects of patient safety such as preventing medication, diagnostic, and/or treatment errors. Beyond the focus on specific aspects of patient safety is the more global concept of establishing a 'culture of safety' which consists of the following subcultures[2]:

1. **Informed culture** requires those who manage and operate the system have current knowledge about the human, technical, organizational and environmental factors that determine the safety of the system as a whole.
2. **Reporting culture** requires that those in the organization are prepared to report errors and near misses.
3. **Flexible culture** requires that the organization be able to reconfigure itself as needed to prevent patient danger.
4. **Learning culture** requires that the organization possess the willingness and the competence to draw the right conclusions from its safety information system and the will to implement the required reforms.
5. **Just culture** requires that the organization has an atmosphere of trust in which people are encouraged to provide essential safety-related information but are also quite clear about where the line must be drawn between acceptable and unacceptable behavior.

Regulatory boards are charged to protect the health and welfare of the public with the belief that "health care consumers have the right to safe and competent nursing care[3]." To this end, the Board agreed to co-sponsor the program, "Establishing a Just Culture" for Patient Safety" in St. Louis on October 20, 2006.

What is a just culture? The concept of a "just culture" refers to a way of thinking about safety that promotes a questioning attitude, is resistant to complacency, is committed to excellence, and fosters both personal accountability and corporate self-regulation in safety matters[4]. Thus, a just culture requires individual and organizational accountability. Human error will never be eliminated but it can be moderated as "just cultures" are established within health care entities.

A "culture of safety" recognizes that many of the patient safety errors arise from system failures. The challenge, when an error does occur, is to learn from it rather than assign blame to an individual. A shift from the traditional "blame culture" to one of a "just culture" is anticipated to have tangible benefits that will positively contribute to patient safety by: recognizing that human error is inevitable and the system needs to be continually monitored and improved to accommodate those errors while ensuring that individuals are accountable for their actions if they knowingly violate safety procedures or policies. There are four types of individual behavior that might result in unsafe acts[5]:

- **Human error**: the individual should have acted differently and the conduct inadvertently caused an undesirable outcome;
- **Negligent conduct**: the individual's action falls below the standard of practice for the profession. The person failed to use the reasonable level of knowledge and skill expected of a person engaged in that particular activity, whether by omitting to do something that a prudent and reasonable person would do in the same circumstance or by doing something that no prudent or reasonable person would have done in the circumstances. When raising the question of negligence, reasonable care must be taken to avoid acts or omissions which can reasonably be foreseen to be likely to cause harm to persons or property;
- **Reckless conduct:** the risk has to be one that would have been quite obvious to a reasonable person whereby the person takes a conscious unjustified risk, knowing that there is a risk that harm would probably result from the conduct, and foreseeing the harm, he or she nevertheless took the risk, that is, a conscious disregard of an obvious risk.
- **Intentional "willful" violations**: the individual knew or foresaw the result of the action but went ahead with the conduct anyway.

To embrace a "culture of safety," administrators and practicing nurses must determine if an error is the result of negligence, willful intent or reckless behavior—or if the system procedures and protocols are precipitating factors in the development of a hazardous situation[6]. The concept, "failure to rescue" is described as the clinician's inability to save a patient's life when the patient experiences a complication. For example, when the nurse detects signs of a serious complication, the nurse must be able to mobilize resources quickly instituting appropriate measures[7]. Failure to rescue has been viewed as both a "system and/or individual" problem. Failure to rescue has been associated with factors such as the patient-nurse ratios, the nursing skill mix, the degree of the nurse's expertise, adequate patient surveillance by the nurse and other various variables. In any case, conducting a root cause analysis allows us to identify system issues and/or lapses in individual accountability and performance. The root cause analysis is a way to determine the why, when, where, and how the event occurred and includes learning how to better design the system to minimize future errors and accidents. If it is the system, the leadership with input from the staff must determine what is needed to establish a culture of safety within the organization. Educators are charged with ensuring that the concept of a "patient safety culture" is a standard part of the curriculum in nursing programs. A culture of safety must be established to improve patient outcomes.

1 Institute of Medicine (IOM). (2000). To err is human: Building a safer health care system. Washington DC: National Academy Press.

2 Reason, J. (1997). Managing the risks of organizational accidents. Hants, England: Ashgate Publishing Ltd.

3 Missouri State Board of Nursing (MSBN). (2005). Missouri State Board of Nursing 2005 Fiscal Year Annual Report. Retrieved September 23, 2006 from http://pr.mo.gov/boards/nursing/publications/annual/2005-Annual-Report.pdf.

4 Reason, J. (1997). Managing the risks of organizational accidents. Hants, England: Ashgate Publishing Ltd.

5 Marx, D. (2001). Patient safety and the "just culture': A primer for health care executives, Report for Columbia University under a grant provided by the National Heart, Lung, and Blood Institute.

6 Hader, R. (2006). A "just culture" proves just right. Nursing Management, 37(6),6.

7 Clarke, S. & Aiken, L. (2003). Failure to rescue: Needless deaths are prime examples of the need for more nurses at the bedside. American Journal of Nursing, 103(1), 42-47.

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Executive Director Report

Authored by Lori Scheidt, Executive Director

Fiscal Year 2006 Statistics

The 2006 fiscal year for Missouri State government began July 1, 2005 and ended June 30, 2006.

Number of uninvestigated complaints carried over from FY2005	213
Number of new complaints received in FY2006	1413
Total number of investigations completed in FY2006	1211
Total remaining number of complaints requiring an investigation at the end of FY2006	415

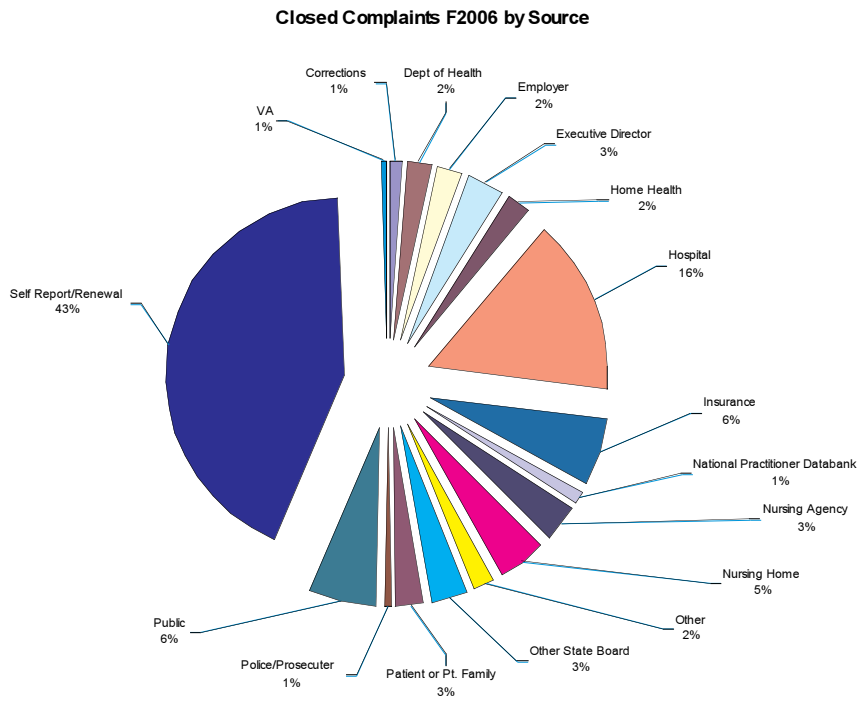
Scheidt

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

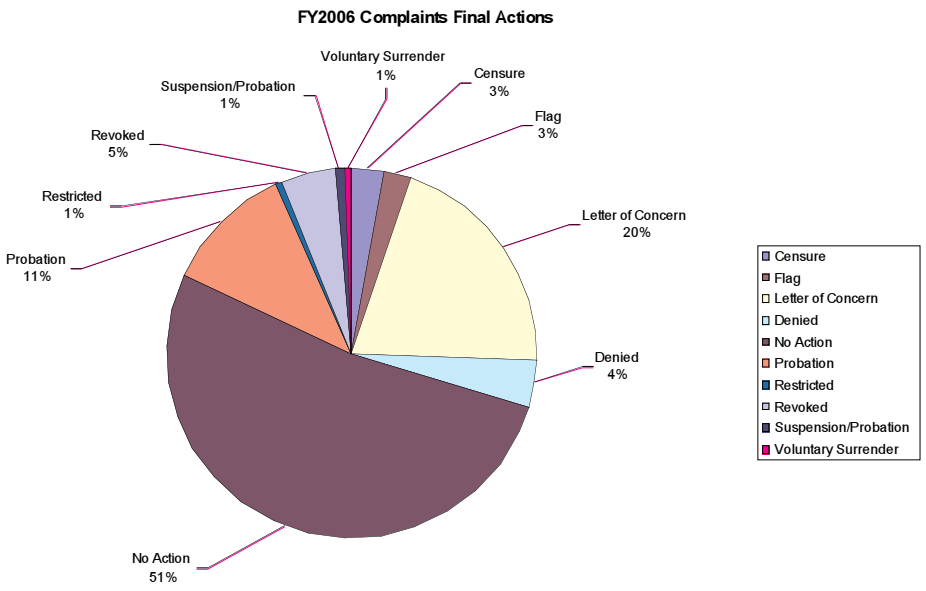
The following chart shows the category of complaint and application reviews that were closed this past fiscal year. There were 750 Board decisions made during fiscal year 2006.



Executive Director Report cont. to page 3

Executive Director Report cont. from page 2

The next chart shows the actions taken by the Board for those complaints and application reviews.



Licenses Issued in Fiscal Year 2006

	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	2896	1308
Licensure by Endorsement	1959	262
Licensure by Renewal of a Lapsed or Inactive License	1496	402
Number of Nurses holding a current nursing license in Missouri as of 6/30/2006	80,980	23,420

Licensure staff answered 37,113 licensure related telephone calls during the fiscal year.

Licensure Database Information

The average age of nurses continues to increase.

Profession	*FY2004*	*FY2005*	*FY2006*
RN	45	46.12	46.28
LPN	44	45.13	45.36

The following two maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license as of July 1, 2006.

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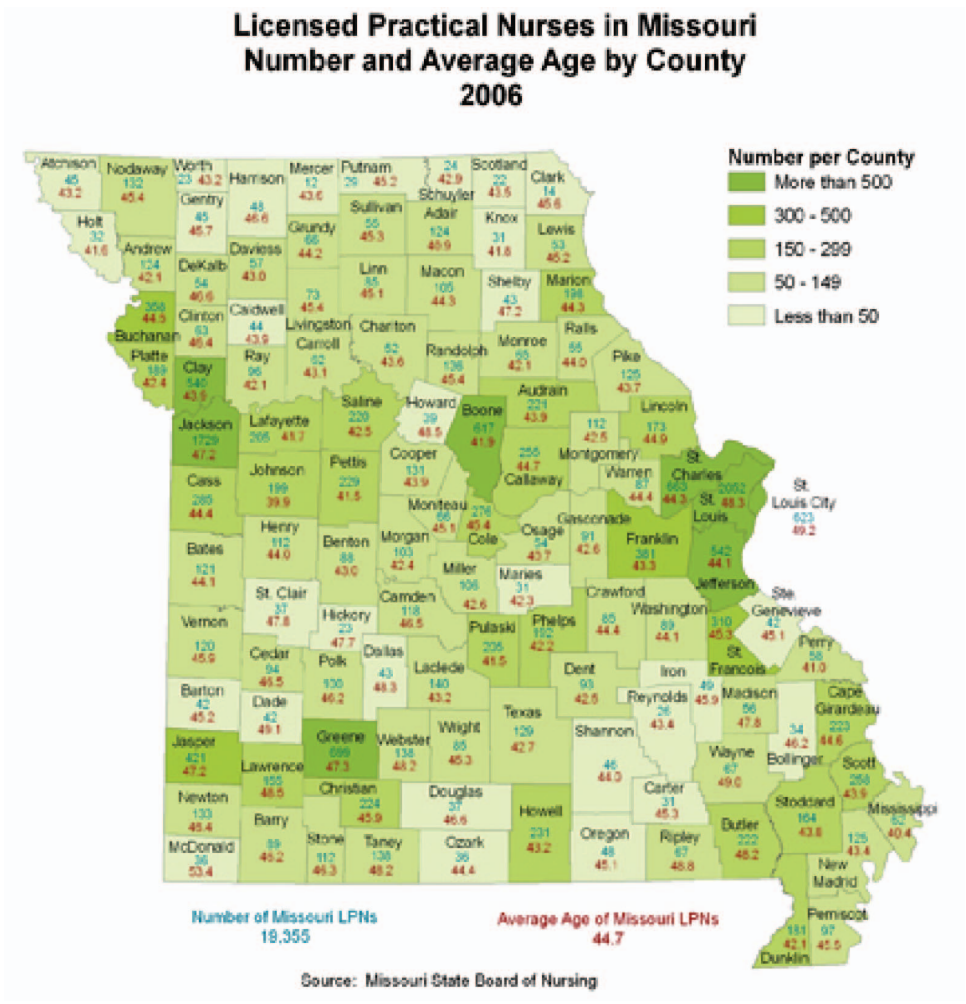


IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (*MoSALPN*)	573-636-5659
Missouri Nurses Association (*MONA*)	573-636-4623
Missouri League for Nursing (*MLN*)	573-635-5355
Missouri Hospital Association (*MHA*)	573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2007

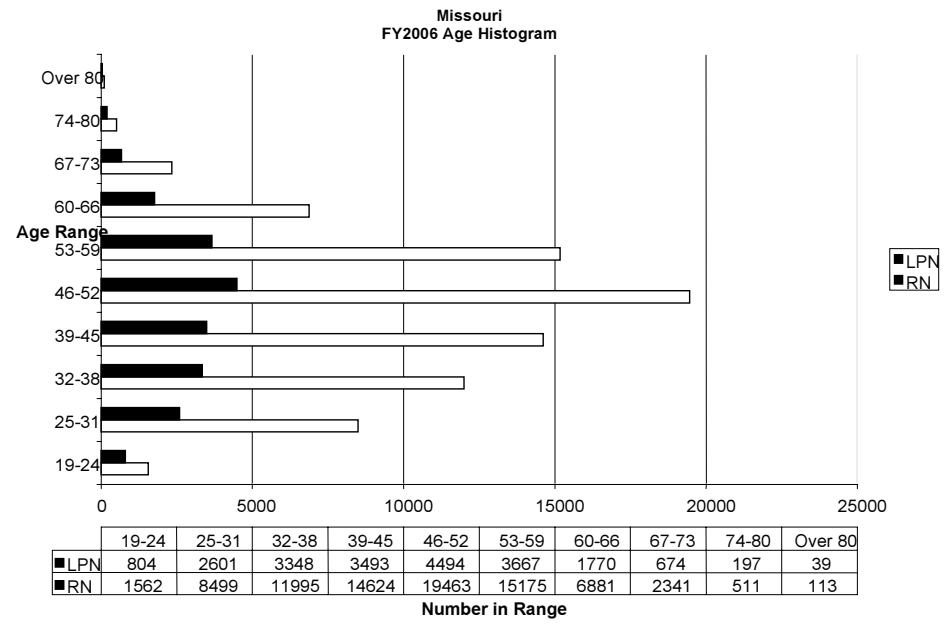
December 6-8, 2006
February 28-March 2, 2007
June 6-8, 2007
September 12-14, 2007
December 5-7, 2007

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our Web site at http://pr.mo.gov

Executive Director Report cont. from page 3



	19-24	25-31	32-38	39-45	46-52	53-59	60-66	67-73	74-80	Over 80
LPN	804	2601	3348	3493	4494	3667	1770	674	197	39
RN	1562	8499	11995	14624	19463	15175	6881	2341	511	113

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of November 2, 2006

Profession	Number
Licensed Practical Nurse	22,221
Registered Professional Nurse	83,803
Total	**106,024**

Making a Difference, One Life at a Time

Edited by Becki Hamilton

McCamy

Each of our Board members has made a difference in the profession of nursing. Their dedication to the task of ensuring that the provisions of the Nurse Practice Act are followed is exemplified in the Board's Mission Statement:

The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.

This series will focus on each of the Board members and their contributions to the profession of nursing. Clarissa McCamy from St. Joseph, Missouri is the focus of this article.

Q—How long have you been a nurse?

A—I have been a nurse for 25 years.

Q—What kinds of nursing care have you provided?

A—I have provided nursing care of different types. I started out working on a Geriatrics Unit. I then transferred to a Medical-Surgical Unit and in 1989 began my career as a Clinic Nurse. While working as a Clinic Nurse, I've enjoyed working in the following fields, Urology, Cardiology and Family Practice.

Q—Describe something that made you glad you chose to be a nurse.

A—Mainly the satisfaction that I have in taking care of my patients, whether it be in the long term setting or a clinic. I like knowing that I have taken care of my patient from the beginning of their care to the end. When I worked in the urology field, I talked to a lot of patients who were just being diagnosed with cancer, helping them through the diagnostic process and providing them with the education they needed to make future decisions really made me feel good about the type of nursing I did.

Q—What are some of the challenges you faced as a nurse?

A—Every day in nursing I believe there are new challenges, from the nursing shortage to patient safety issues. Personally, the transition from the paper chart to the world of computer technology has been challenging.

Q—How did you become a board member?

A—I applied for the position after being approached by a member of the legislature and was then appointed.

Q—How long have you served on the Missouri State Board of Nursing?

A—I have served on the Board for 1 year.

Q—What did you want to accomplish?

A—I believe most nurses don't fully understand what the role of the Nursing Board is. I believe education is important, so the process is understood. Nurses need to fully understand what their license can be disciplined for and what the consequences are for their actions.

Q—What changes have occurred during your tenure as a board member?

A—We have improved processes so we act more effectively and efficiently regarding complaints, discipline and licensure issues.

Q—What have you contributed as a member of the board?

A—I think as a Licensed Practical Nurse with 25 years experience, in different areas, I offer a different level of experience as well as a wide range of knowledge. It takes many different levels of experience and knowledge to make the decisions required of the Board while carrying out our mission to protect the public.

Q—What is something that you have learned that you did not expect to as a result of your experience on the Board?

A—I've learned so much really. I have a greater knowledge of how hard it is to get a piece of legislation passed. I've learned that nurses take their license for granted and don't even realize that they have put their license in jeopardy. Education in the beginning of their career is important, so violations of the Nurse Practice Act can be prevented.

Q—How would you describe your experience as a board member?

A—I've only been on the board for a year. I continue to learn something new at each board meeting. It has been a rewarding experience, but also frustrating. The decisions we make can affect a life in so many different ways. I have found that it makes me think about what I do everyday as a nurse and how it affects my patients.

Q—What would you tell someone interested in becoming a board member?

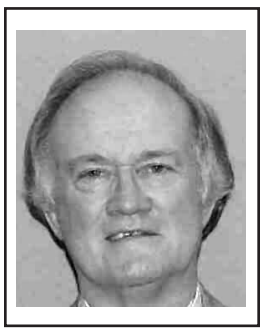
A—I would suggest that they come to a Board Meeting and observe. Talk to some of the Board Members, so they know exactly what their responsibilities are as a Board Member. They need to be prepared to devote a lot of time and energy as a Board Member and to really know what we are here to do as Board Members, which is to "protect the public." Be prepared to work hard, it requires a lot of commitment and dedication to be a Board Member.

Q—How have you made a difference to the profession of nursing?

A—I feel like I have made a difference by helping educate and mentor the very new nurses. I feel like the way I've learned to care for my patients from the nurses who have mentored me through the years has helped me make a difference.

Message from the Division Director

David T. Broeker



Broeker

My sincere appreciation to Governor Blunt for having appointed me the Director of the Division of Professional Registration beginning July 2. It is certainly a pleasure to serve in this position.

For the last 14+ years I owned and operated my own business in Jefferson City. Prior to that, I spent 17 1/2 years in state government; in the Governor's Office, State Auditor's Office, and the Department of Agriculture.

As you probably know, the Governor issued Executive Order 06-04 on February 1, 2006, that created the Department of Insurance, Financial Institutions, and Professional Registration. By a Type III transfer our division became a part of this new department on August 28. A type III transfer is the transfer of a department, division, agency, board, commission, unit, or program to the new department with only such supervision by the head of the department for budgeting and reporting. The Division of Professional Registration was previously a division within the Department of Economic Development.

I am most grateful to the Division's and Boards' staff for the support, advice, and counsel they have given me. This is truly a great group of people.

I look forward to working with all my associates in Professional Registration and continuing the excellent service the entire division has given the approximately 400,000 Missourians who are licensed and regulated and who represent 240 different trades and professions.

Please feel free to contact me if I can be of assistance to you. I look forward to working with you in the years to come.

Education Corner

Authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Teri A. Murray, Ph.D., RN, Chair
- Linda Conner, BSN, RN
- K'Alice Breinig, RN, MN
- Kay Thurston, ADN, RN

Nelson

It's time again to report on the licensure examination pass rates for all Board of Nursing approved nursing programs in Missouri that lead to an initial nursing license. The testing period involved was June 1, 2005 through June 30, 2006.

The current Minimum Standards for Approved Programs of Professional and Practical Nursing require the licensure examination performance of first-time candidates from each nursing program to be at least 80% for each fiscal year (July 1 through June 30). The first year that a program has less than an 80% pass rate, a report identifying contributing factors and outlining a plan of action to resolve the situation must be submitted to the Board of Nursing. The second consecutive year that there is less than an 80% pass rate, the program is placed on Conditional Approval status and the program administrator appears before the Board of Nursing. A nursing program remains on Conditional Approval status until it has two consecutive years of pass rates of 80% or better. Nursing programs are recognized as having Initial, Full or Conditional Approval status by the Board of Nursing.

How does Missouri rank nationally? The pass rates for Missouri first time candidates were again above the national pass rate for both the professional (RN) and practical (PN) nursing NCLEX® examinations. The national pass rates include the 50 states plus the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands.

The national pass rate on the NCLEX-RN® for the 2005-2006 period was 87.52%, which is higher than the 86.15% for the 2004-2005 period. Remember, a revised test plan took effect April 1, 2004 and that may have contributed to the 2004-2005 rate. Graduates of Missouri baccalaureate, associate degree and diploma programs achieved an 87.71% pass rate for the 2005-2006 period compared to 88.12% for 2004-2005 so the state pass rate has decreased a little. Missouri continues to rank within the upper fifty percent nationally at number 26. It is interesting to note that the national RN pass rates increased while Missouri decreased.

For the NCLEX-PN® examination, the national pass rate is 88.22%. First time candidates of Missouri practical nursing programs achieved a 90.72% pass rate which continues to rank Missouri in the upper fifty percent nationally. Both the national and Missouri pass rates declined from the 2004-2005 testing period—national from 89.97% to 88.22% and in Missouri from 92.82% to 90.72%. A revised test plan for the NCLEX-PN® took effect April 1, 2005. Often times, there is a corresponding decrease in pass rates when the test plan is changed. Historically, the PN licensure pass rates have been greater than the RN pass rates on both the state and national level.

When compared with our neighboring states of Kansas, Nebraska, Iowa, Illinois, Arkansas, and Oklahoma, the rankings have changed from the 2004-2005 reporting period. For the NCLEX-RN® examination, Missouri ranks fourth among the seven states as compared to ranking second last year. The pass rates ranged from 83.11% to 88.24% for the seven state area with only two states with pass rates below the national rate.

For the NCLEX-PN®, Missouri dropped from a third place to fifth place ranking among the seven states. Kansas ranked first and the pass rates ranged from 85.74% to 94.88% with only one state below the national rate.

Another item of interest has to do with the number of first time candidates taking the licensure exam. There were 310 more first time candidates for the NCLEX-RN® in the 2005-2006 period than in 2004-2005 (2,490 compared to 2,180). For the 2003-2004 to 2004-2005 period there was an increase of 337. There were fewer first time candidates for the NCLEX-PN® examination—1,218 for the 2005-2006 period compared to 1,282 for the previous period—a difference of 64. This is a sharp contrast to the 176 increase in number of first time candidates from the 2003-2004 to the 2004-2005 testing periods. It will be interesting to monitor this to see if there is a trend developing.

Several nursing programs have increased enrollments and/or added evening/weekend and accelerated tracks in an attempt to accommodate people interested in pursuing a nursing education. However, nursing education programs continue to experience a shortage of qualified nursing faculty and increased competition for use of clinical sites for learning experiences. This situation is of great concern for all involved in preparing future nurses.

On a brighter note, thirteen nursing programs had pass rates of 100% for the 2005-2006 testing period—one baccalaureate, four associate degree and eight practical nursing programs. Pass rates for all approved programs are available on our web site at pr.mo.gov/nursing.asp. Click on "Schools of Nursing." One associate degree in nursing program (North Central Missouri College in Maryville) and one practical nursing program (Poplar Bluff School District) have had two consecutive years of 100% pass rates. The associate degree nursing program at St. Louis Community College at Florissant Valley has had four consecutive years of 100% pass rates.

The hard work and commitment of the nursing faculty in all of the nursing programs in Missouri is greatly appreciated. When you have the opportunity, please express your appreciation to those people educating our future nurses. Graduates of the programs are commended for their performance on the licensure examinations and are welcomed additions to the number of licensed nurses working in Missouri.

Investigations Corner

Reporting Criminal Arrests

Authored by Quinn Lewis, Investigations Administrator

Lewis

Should a criminal arrest of a nurse be reported to the Board? Will the Board take immediate disciplinary action against the nurse? It all depends.

When learning of an incident that involves criminal activity which results in the arrest of a nurse, the initial response is to report that nurse's arrest to the Board of Nursing. That would appear to be the obvious response considering that nurses are held to a high standard and the Board regulates nurses. However, if a nurse is charged with a crime, it is not necessarily a violation of the Nurse Practice Act until the case has been finally adjudicated and the nurse has been found guilty, or entered a plea of guilty or nolo contendere.

> Section 335.066.2 (2) states that the Board may cause a complaint to be filed against a licensee who has been finally adjudicated and found guilty or entered into a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated profession pursuant to sections 335.011 to 335.096 for any offense involving moral turpitude, whether or not a sentence is imposed.

Arrests of nurses are not violations of the nurse practice act because a nurse, just like any other citizen is innocent until proven guilty.

There are some instances when a nurse is arrested and due to the seriousness of the allegations, the Board may take action in the form of an emergency suspension. This will only occur if the conduct that is alleged presents a current or imminent threat to the public. Examples of such conduct are: sexual assault, homicide, and extreme cases of abuse. In those rare occasions when a nurse is arrested for the aforementioned conduct, the Board may seek an emergency suspension to protect the public, until the case has been finally adjudicated. After the case has been disposed of, the Board will then seek additional discipline if necessary.

In addition to those rare cases of a nurse being arrested for sexual assault, homicide or extreme physical abuse, the Board has the power to take action prior to final disposition when a nurse has been arrested for stealing controlled substances from his/her place of employment. The theft of controlled substances is not only a violation of the nurse practice act, it is also a Class D Felony.

> 335.066.2 (1) gives the Board the authority to file a complaint with the Administrative Hearing Commission against the holder of a license or a certificate for the use or unlawful possession of any controlled substance as defined in chapter 195 RSMo.

When the Board receives information that a nurse has been arrested for theft of narcotics from his/her employer, the Board will proceed with their investigation as normal. Due to the arrest and the conduct occurring on duty while the nurse was acting in his/her official capacity as a nurse, the Board may proceed independently, or in conjunction with law enforcement. In all other instances of arrests of nurses, the Board will wait until the final disposition of the case.

Occasionally the Board receives letters of self report. This happens when a nurse is arrested and he/she feels compelled to inform the Board of the arrest before the case has been finally adjudicated. We appreciate the nurse's eagerness to be upfront about the situation, but a self report is not required at this time. Usually the appropriate action would be to wait until the case has been adjudicated and if the nurse is found guilty, or enters into a plea of guilty or nolo contendere, then she/he should submit a letter of self report, along with certified court documents outlining the final disposition of the case.

In most cases the Board does not have cause to take disciplinary action against the nurse until the case has been finally adjudicated or the nurse has been convicted, pled guilty or nolo contendere. If you have any questions regarding reporting criminal actions by nurses or other investigations-related concerns, please feel free to contact me at 573-751-0070 or email nursing@pr.mo.gov.

Practice Corner

Authored By Janet Wolken MBA, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee Members

Linda Conner BSN, RN, Chair
K'Alice Breinig, RN, MN
Clarissa McCamy, LPN
Teri A. Murray, RN, Ph.D
Amanda Skaggs, RNC, WHNP

Continuing Education as Evidence of Continued Competence

The Missouri State Board of Nursing has received many inquiries about continuing education hours. Currently the Board does not require submission of continuing education hours to renew a nursing license or to be licensed by endorsement from another state.

Wolken

To be proficient in the nursing field many skills are required. Due to the different settings that nurses are employed in requiring different skills, the Board is unable to maintain a list of skills required to be proficient or deemed competent to practice.

To be a competent nurse it is necessary to have skills and something much more difficult to assess; decision making and critical thinking skills.

The following paper is the current and past position on why continuing education hours are not required at this time. The Board will continue to revisit this topic based on research and evidence based practice.

Position Paper on Continuing Education as Evidence of Continued Competence

Continuing education is defined as a formal educational program designed to promote knowledge, skills, abilities, professional attitudes, and values (Mosby, 2006). These programs focus on a specific topic for a specified number of hours. Certificates of completion may be awarded which document the specific number of continuing education units or contact hours for the amount of time spent in attendance.

The Missouri State Board of Nursing does not require continuing education units as evidence of continuing competence for licensure renewal. The Board believes it is the responsibility of the licensee to engage in continuing education activities as an integral component of professional accountability. The Board strongly encourages licensees to actively engage in professional development activities but recognizes that attendance at such programs does not definitively correlate with competence or ensure that learning has occurred. It is well documented within the nursing literature that attendance at such programs does not equate with competence and lack of attendance does not equate with incompetence.

The Board has been actively involved in dialogue with the National Council of State Boards of Nursing related to the issue of continuing competence. The Board also considered the NCSBN operational definition of competence which is "The ongoing ability of a nurse to integrate knowledge, skills, judgment and personal attributes, required to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice." (National Council of State Boards of Nursing, 2004). In consideration of this definition the Board discussed the difference between assessing knowledge and assessing performance. Most continuing education programs do not measure whether or not the health professional enrolled in the program applies the new knowledge, skills, and/or abilities to appropriate patient care situations within the workplace (The Citizen Advocacy Center Road Map to Continuing Competency Assurance). Thus the milieu of practice is a variable that must be taken into account when attempting to ensure competence.

Benner, Tanner, and Chesla (1996) describe competence as a stage in the evolution of practice from novice to expert. Accordingly, they view a competent nurse as one who has increased clinical understanding, technical skill, organizational ability, and the ability to anticipate and/or predict the likely course of events. Thus competent nurses know what to do, how to do it, and incorporate that knowledge into the daily practice. It would appear that adopting mandatory continuing education as a single measure of competence eliminates the necessity to measure or evaluate whether or not the nurse applies the newly gained knowledge, skills, and abilities. However, a connection between mandatory continuing education units to competence does exist when continuing education programs:

- ➢ Target a specific audience;
- ➢ Address identified learning needs;
- ➢ State clear and measurable goals or objectives;
- ➢ Incorporate relevant learning methods with emphasis to application on clinical practice; and
- ➢ Include a systematic evaluation component (Waddell, 2001).

Since competence is often context specific, it is complex and difficult to measure. Employers can create environments which support professional development, regulatory boards can require evidence of continued competency, and professional associations can define standards of practice. Yet, competence and performance will always involve a wide array of variables over which regulatory boards, professional associations, and employers have limited influence and control. Thus, the Board will continue to give considerable thought to questions such as: What constitutes competent practice in a given situation? What variables are indicative of competent practice? How can we best measure these variables to ensure competence? Because of the many difficulties inherent in measuring continued competence and because the Board believes competence to be experience-based and context specific, the Board declines to require mandatory continuing education credits as evidence of competence at this time.

References:

Benner, P., Tanner, C. & Chesla, C. (1996). Expertise in nursing practice: Caring, clinical judgment, and ethics. New York: Springer.

Cowan, D.T., Norman, I. Coopamah, V.P. (2005). Competence in nursing practice: A controversial concept—a focused review of the literature.

Mosby's dictionary of medicine, nursing & health professions. (2006). St. Louis: Mosby.

National Council of State Boards of Nursing (NCSBN). (2005). Meeting the ongoing challenge of continued competence. Retrieved on March 21, 2006 from www.ncsbn.org.

Waddell, D. (2001). Measurement issues in promoting continued competence. Journal of Continuing Education in Nursing, 32,3, 102-106.

Discipline Corner

Authored By Janet Wolken MBA, RN
Discipline Administrator

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Charlotte York, LPN, Chair
K'Alice Breinig, RN, MN
Clarissa McCamy, LPN
Amanda Skaggs, RNC, WHNP
Cindy Suter, BS, JD

New Discipline Administrator

Wolken

It is with great pleasure that I have accepted the position of Discipline Administrator. I have been an RN for over eighteen years and have been with the Board since February of 2005 as Practice Administrator.

I have a Bachelor of Science in Nursing from Northeast Missouri State University (currently Truman State) and a Masters in Business Administration, Health Management from William Woods University.

Now Available on Website

The monitoring forms that must be submitted to the Board Office may be accessed on our web site at http://pr.mo.gov/nursing-monitoring.asp. The form must be mailed directly from the person who completes the form. Forms such as employee evaluations must be sent directly from the employer. All urine drug screen results must be submitted directly from the lab.

If you have questions concerning a disciplined license or the submission of your necessary documents please call 573-751-6541.

Licensure Corner

Authored by Lori Scheidt
Executive Director

Missouri State Board of Nursing Licensure Committee Members:

Kay Thurston, ADN, RN, Chair
Charlotte York, LPN
Clarissa McCamy, LPN
Cindy Suter, J.D., Public Member

License Renewal

Scheidt

A renewal of license is required by law for the practice of nursing in Missouri. Prior to the expiration of the license, notification of renewal will be mailed to the last address on Board records. The nurse is responsible for keeping the Board of Nursing informed of the current mailing address. Failure to receive the renewal notification does not relieve the licensee of his/her responsibility to maintain a current license. Notifications are mailed 90 days prior to the expiration of the license.

RN licenses expire April 30th of each odd-numbered year and LPN licenses expire May 31st of each even-numbered year.

Duplicate License

In the event of loss or theft of license, the nurse may request a duplicate license. A duplicate may be requested by completing the duplicate license form that can be accessed on our web site. Once the request and fee are received in our office, a minimum of two weeks processing time is required.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have your license number ready before you make contact.

Name and/or Address Changes

To protect your data, a signature is required in order to make a name and/or address change.

Address Change—Submit your request for an address change in writing. Include your license number, name, and address change. Please PRINT clearly and include your signature.

Name Change—Submit your request for a name change in writing. Include your license number, previous name, and current name. Please PRINT clearly and sign the letter using your current signature.

Send your name and/or address changes by:

- FAX: (573) 751-6745 or (573) 751-0075
- Mail: Missouri State Board of Nursing P O Box 656, Jefferson City MO 65102

Frequently Asked Questions and Answers Regarding Prior Criminal History and Disciplinary Actions

The Missouri State Board of Nursing receives numerous questions from applicants regarding prior criminal offenses. Following are the most frequently asked questions to assist applicants.

Question: What crimes or license discipline must be reported on the application?

Answer: All convictions, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, "driving while intoxicated (DWI)" and "driving under the influence (DUI)." Crimes must be reported even if they are a suspended imposition of sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Missouri or in another state or territory.

Question: Can a person obtain a license as a nurse if they have a misdemeanor or felony crime on their record?

Answer: Each application is evaluated on a case by case basis. The Board of Nursing considers the nature, severity, and recency of offenses, as well as rehabilitation and other

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factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: Is there any specific crime that will automatically disqualify an applicant from receiving a license?

Answer: No. There is not any one specific type of crime that will disqualify an applicant. Again, the Board must review, on a case by case basis, all criminal records and supporting documentation to determine if an application will be approved or denied.

Section 335.066, RSMo, of the Nursing Practice Act can be viewed at http://www.moga.mo.gov/statutes/c335.htm and lists the reasons for which a person may be denied a license. Section 660.317, RSMo 1997 can be viewed at http://www.moga.mo.gov/statutes/c600-699/6600000317.htm and addresses background checks for healthcare employees. This statute is under the Department of Social Services. Inquiries about this statute should be addressed to the Department of Social Services, PO Box 1527, Jefferson City, Missouri 65102-1257.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?

Answer: Yes. Offenses must be reported to the Board even if you received a suspended imposition of sentence and the record is now considered closed.

Question: What type of documentation do I need to submit in support of my application if I have a prior criminal record or license discipline?

Answer: Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), sections of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment, Docket Sheet or other documents showing disposition of your case. This can also be referred to as the Order of Probation. The court clerk MUST CERTIFY these court documents.

- Certified copy of the documents relative to any disciplinary action taken against any license. The documents must come from the agency that took the disciplinary action and must be certified by that agency.
- A detailed description of the circumstances surrounding your criminal record or disciplinary action and a thorough description of the rehabilitative changes in your lifestyle since the time of the offense or disciplinary action which would enable you to avoid future occurrences. It would be helpful to include factors in your life which you feel may have contributed to your crime or disciplinary action, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.

The burden of proof lies with the applicant to demonstrate evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- If applicable to your crime or discipline, documented evidence of professional treatment and counseling you may have completed. Please provide a discharge summary, if available.
- Letters of reference on official letterhead from employers, nursing program administrator, nursing instructors, health professionals, professional counselors, support group sponsors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Proof of community work, education, and/or self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

Question: Can I receive a temporary permit if my application is under review?

Answer: If you are applying for a Missouri license by endorsement the answer is no. You will not be allowed to receive a temporary permit until the review has been completed, and a final decision has been made regarding your application.

If you are applying for a license by exam, you may practice under 20 CSR 2200-4.020 (3), which allows for graduate nurse practice from your graduation date and until you receive the results of the first licensure examination or until ninety (90) days after graduation, whichever first occurs. You will not, however, be authorized to take the licensure exam until the review has been completed, and a final decision has been made regarding your application.

Question: How long will it take to review the information that I submit with my application?

Answer: In addition to the supporting documents, you are required to have your fingerprints taken. It takes about 1 month to receive the results of the background checks from the Highway Patrol and FBI. If you are applying for a Missouri license by endorsement, we recommend that you apply for a license at least 3 months prior to when you want to begin employment in this state. If you are applying for a Missouri license by exam, we recommend that you apply at least 3 months prior to your graduation date.

Question: I am licensed in another state and want to receive my temporary license/permit ASAP. Can I obtain a temporary license/permit by coming to the Board office if I have a prior criminal record(s) or out of state disciplinary action on my record?

Answer: No. Temporary permits are not issued until all criminal records, discipline, rehabilitation, and other evidence is fully evaluated.

Question: How can I help facilitate how quickly my application is reviewed?

Answer: The Board of Nursing strongly encourages all individuals with a criminal or discipline history to be fully prepared with information regarding their background and to start the application process early.

What is Public Information?

In accordance with Section 620.010.14(7), RSMo, the only information regarding an applicant/licensee that is public includes:

- Name (including maiden name and previous names)
- Address
- License type, license number, dates of issuance and expiration date
- License status (i.e. current, inactive, lapsed, surrendered or no license issued)
- License certifications and dates (e.g. IV Certified)
- Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation)

The above is the only information that may be released to the public, including family members, employers and the media.

Confidential information in an applicant/licensee's file may only be released under the following circumstances:

- With the written authorization of the applicant/licensee
- Through the course of voluntary interstate exchange of information with other boards of nursing
- Pursuant to a court order
- To other administrative or law enforcement agencies acting within the scope of their statutory authority

Occasionally, a caller might want to verify a licensee/applicant's date of birth or social security number. A licensee or applicant's date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the licensee/applicant.

NCSBN and ANA issue joint statement on Nursing Delegation

CHICAGO—The National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA) have issued a joint statement on delegation designed to reinforce that delegation is an essential nursing skill and to support the practicing nurse in using delegation safely and effectively.

The escalating shortage of nurses, greater acuity of patient illnesses, technological advances and increased complexity of therapies contribute to today's current chaotic and multifaceted health care environment. The recognition that registered nurses (RNs) need to work effectively with assistive personnel and the abilities to delegate, assign, and supervise are critical competencies for the 21st century nurse led both NCSBN and the ANA to separately adopt papers on delegation in 2005. These delegation papers were conceptually similar thus providing the impetus for NCSBN and ANA to approach this important topic from both regulatory and professional practice positions and work toward a joint statement that distills the best work of both organizations and advances the common ground between the two.

NCSBN and the ANA recognize the following policy considerations:

- State nurse practice acts define the legal parameters for nursing practice. Most states authorize RNs to delegate.
- There is a need and a place for competent, appropriately supervised nursing assistive personnel in the delivery of affordable, quality health care.
- The RN assigns or delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, abilities of the staff to whom the task is delegated, and the context of other patient needs.
- All decisions related to delegation and assignments are based on the fundamental principles of protection of the health, safety and welfare of the public.

To support nurses in making decisions related to delegation both organizations have developed resources designed to make the delegation process easier to understand and utilize. Two such resources are the "ANA Principles of Delegation" and NCSBN's "Decision Tree on Delegation" that reflects the four phases of the delegation process.

Both NCSBN and the ANA believe that mastering the skill and art of delegation is a critical step on the pathway to nursing excellence and, when used appropriately, can result in safe and effective nursing care. As a nursing shortage of epic proportions looms, delegation becomes an even more vital tool that can free the RN to attend to more complex patient care needs; develop the skills of nursing assistive personnel; and promote cost containment for health care organizations.

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four United States territories. Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

The American Nurses Association (ANA) is the only full-service professional organization representing the nation's 2.9 million registered nurses through its 54 constituent member nurses associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

The joint statement on nursing delegation may be found on NCSBN's Web site at the following link http://www.ncsbn.org/pdfs/Joint_statement.pdf

Summary of Actions

September 2006 Board Meeting

Education Matters

New Program Request

- Request to establish an Associate Degree Program in Kansas City was approved for Concorde Career College was approved.

Enrollment Changes

- Request to increase enrollment was approved for North Central Missouri College Associate Degree Program #17-475 was approved.
- Request to increase enrollment (one time only) was approved for Ozarks Technical Community College Practical Nursing Program was approved.

Curriculum Changes

- Request from North Central College, PN Program #17-185 for curriculum changes was approved.
- Request from Central Missouri State University, Baccalaureate Degree Program #17-573 for curriculum changes was approved.

Schedule Changes

- Request from Eldon Career Center, PN Program #17-108 for schedule changes was approved.
- Request from Sikeston R-6, PN Program #17-188 for schedule changes was approve.

The following items were reviewed and accepted:

- 2 Survey Reports to grant initial approval

Discipline Matters

The Board held 8 disciplinary hearings and 27 violation hearings.

Licensure Matters

The Licensure Committee reviewed 20 applications. Results of reviews as follows:

Issued letters of concern—8
Approved applications—2
Applications approved with probated licenses—5
Applications tabled for additional information—1
Denied applications—4

Practice Matters

- The Board established an APRN Task Force to review the rules and requirements for Advanced Practice Registered Nurse licensure.
- A position paper titled *Continued Education as Evidence of Continued Competence* was approved.

Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Introduction

There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21st century nurse.

In 2005, both the American Nurses Association and the National Council of State Boards of Nursing adopted papers on delegation.[1] Both papers presented the same message: delegation is an essential nursing skill. This joint statement was developed to support the practicing nurse in using delegation safely and effectively.

Terminology

Although there is considerable variation in the language used to talk about delegation, ANA and NCSBN both defined delegation as the process for a nurse to direct another person to perform nursing tasks and activities. NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to do something that that person would not normally be allowed to do. Both papers stress that the nurse retains accountability for the delegation. Both papers define assignment as *the distribution of work that each staff member is responsible for during a given work period*. The NCSBN uses the verb "assign" to describe those situations when a nurse directs an individual to do something the individual is already authorized to do, e.g., when an RN directs another RN to assess a patient, the second RN is already authorized to assess patients in the RN scope of practice.

Both papers consider supervision[2] to be the provision of guidance and oversight of a delegated nursing task. ANA refers to on-site supervision and NCSBN refers to direct supervision, but both have to do with the physical presence and immediate availability of the supervising nurse. The ANA refers to off-site supervision, and NCSBN refers to indirect supervision. Both have to do with availability of the supervising nurse through various means of written and verbal communication.

Policy Considerations

- State nurse practice acts define the legal parameters for nursing practice. Most states authorize RNs to delegate.
- There is a need and a place for competent, appropriately supervised nursing assistive personnel in the delivery of affordable, quality health care.
- The RN assigns or delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, abilities of the staff to whom the task is delegated, and the context of other patient needs.
- All decisions related to delegation and assignment are based on the fundamental principles of protection of the health, safety and welfare of the public.

Principles of Delegation

- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN may delegate components of care but does not delegate the nursing process itself. The practice pervasive functions of assessment, planning, evaluation and nursing judgment cannot be delegated.
- The decision of whether or not to delegate or assign is based upon the RNs judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience and facility/agency policies and procedures.
- The RN individualizes communication regarding the delegation to the nursing assistive personnel and client situation and the communication should be clear, concise, correct and complete. The RN verifies comprehension with the nursing assistive personnel and that the assistant accepts the delegation and the responsibility that accompanies it.
- Communication must be a two-way process. Nursing assistive personnel should have the opportunity to ask questions and/or for clarification of expectations.
- The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment is:
  1. The right task
  2. Under the right circumstances
  3. To the right person
  4. With the right directions and communication; and
  5. Under the right supervision and evaluation.
- Chief Nursing Officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation.
- There is both individual accountability and organizational accountability for delegation. Organizational accountability for delegation relates to providing sufficient resources, including:
  - Sufficient staffing with an appropriate staff mix
  - Documenting competencies for all staff providing direct patient care and for ensuring that the RN has access to competence information for the staff to whom the RN is delegating care
  - Organizational policies on delegation are developed with the active participation of all nurses, and acknowledge that delegation is a professional right and responsibility.

Delegation Resources

Both the ANA and NCSBN have developed resources to support the nurse in making decisions related to delegation. Appendix A of this paper provides the ANA Principles of Delegation. Appendix B presents the NCSBN decision tree on delegation that reflects the four phases of the delegation process articulated by the NCSBN.

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Delegation in Nursing Education

Both the ANA and the NCSBN acknowledge that delegation is a skill that must be taught and practiced for nurses to be proficient in using it in the delivery of nursing care. Nursing schools should provide students with both didactic content and the opportunity to apply theory in a simulated and realistic context. Nursing curricula must include competencies related to delegation. RNs are educated and mentored on how to delegate and supervise others. The effective use of delegation requires a nurse to have a body of practice experience and the authority to implement the delegation.

Delegation in NCLEX®

The *NCLEX-RN® Examination Test Plan* includes competencies related to delegation.

Delegation in the Provision of Nursing Care

The ANA paper outlines some basic elements for the nurse that is essential to form the foundation for delegation, including:

1. Emphasis on professional nursing practice;
2. Definition of delegation, based on the nurse practice act and rules/regulations;
3. Review of specific sections of the law and regulations regarding delegation;
4. Emphasis on tasks/functions that cannot be delegated or cannot be routinely delegated;
5. Focus on RN judgment for task analysis and the decision whether or not to delegate.
6. Determination of the degree of supervision required for delegation;
7. Identification of guidelines for lowering risk related to delegation;
8. Development of feedback mechanisms to ensure that a delegated task is completed and to receive updated data to evaluate the outcome.

The NCSBN paper discusses these elements as part of the preparation to delegate. The NCSBN paper also articulates the following steps of the delegation process:

- Assess and plan the delegation, based on the patient needs and available resources.
- Communicate to the delegate directions, any unique patient requirements and characteristics and clear expectation regarding what to do, what to report, and when to ask for assistance.
- Surveillance and supervision of the delegation, including the level of supervision needed for the particular situation and the implementation of that supervision, including follow-up to problems or a changing situation.
- Evaluation and feedback to consider the effectiveness of the delegation, including any need to adjust the plan of care.

Delegation skills are developed over time. Nursing employers need to recognize that a newly licensed nurse is a novice who is still acquiring foundational knowledge and skills. In addition, many nurses lack the knowledge, the skill and the confidence to delegate effectively, so ongoing opportunities to enforce the theory and apply the principles of delegation is an essential part of employment orientation and staff development.

Many nurses are reluctant to delegate. This is reflected in NCSBN research findings and a review of the literature as well as anecdotal accounts from nursing students and practicing nurses. There are many contributing factors, ranging from not having had educational opportunities to learn how to work with others effectively to not knowing the skill level and abilities of nursing assistive personnel to simply the work pace and turnover of patients. At the same time, NCSBN research shows an increase in the complexity of the nursing tasks performed by assistive personnel. With the demographic changes and resultant increase in the need for nursing services, plus the nursing shortage, nurses need the support of nursing assistive personnel.

Conclusions

The topic of delegation has never been timelier. Delegation is a process that, used appropriately, can result in safe and effective nursing care. Delegation can free the nurse for attending more complex patient care needs, develop the skills of nursing assistive personnel and promote cost containment for the healthcare organization. The RN determines appropriate nursing practice by using nursing knowledge, professional judgment and the legal authority to practice nursing. RNs must know the context of their practice, including the state nurse practice act and professional standards as well as the facility/organization's policies and procedures related to delegation. Facing a shortage of epic proportions, the nursing community needs to plan how we can continue to accomplish nursing care while assuring the public access to safe, competent nursing care. RNs are urged to seek guidance and appropriate direction from supervisors or mentors when considering decisions about delegation. Mastering the skill and art of delegation is a critical step on the pathway to nursing excellence.

Attachments:

Attachment A: *ANA Principles of Delegation*
Attachment B: *NCSBN Decision Tree—Delegation to Nursing Assistive Personnel*

Appendix A
American Nurses Association Principles for Delegation

The following principles have remained constant since the early 1950s.

Overarching Principles:

- The nursing profession determines the scope of nursing practice.
- The nursing profession defines and supervises the education, training and utilization for any assistant roles involved in providing direct patient care.
- The RN takes responsibility and accountability for the provision of nursing practice.
- The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
- The RN accepts aid from nursing assistive personnel in providing direct patient care.

Nurse-related Principles:

- The RN may delegate elements of care but does not delegate the nursing process itself.
- The RN has the duty to answer for personal actions relating to the nursing process.
- The RN takes into account the knowledge and skills of any individual to whom the RN may delegate elements of care.
- The decision of whether or not to delegate or assign is based upon the RNs judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated.
- The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence experience and facility/agency policies and procedures.
- The RN uses critical thinking and professional judgment when following *The Five Rights of Delegation*:
  1. Right task
  2. Right circumstances
  3. Right person
  4. Right directions and communication
  5. Right supervision and evaluation (NCSBN 1995)
- The RN acknowledges that there is a relational aspect to delegation and that communication is culturally appropriate and the person receiving the communication is treated respectfully.
- Chief nursing officers are accountable for establishing systems to assess, monitor, verify and communicate ongoing competence requirements in areas related to delegation, both for RNs and delegates.
- RNs monitor organizational policies, procedures and position descriptions to ensure there is no violation of the nurse practice act, working with the state board of nursing if necessary.

Organization-related Principles:

- The organization is accountable for delegation through the allocation of resources to ensure sufficient staffing so that the RN can delegate appropriately.
- The organization is accountable for documenting competencies for all staff providing direct patient care and for ensuring that the RN has access to competency information for staff to whom the RN is delegating patient care.
- Organizational policies on delegation are developed with the active participation of all nurses (staff, managers and administrators).
- The organization ensures that the education needs of nursing assistive personnel are met through the implementation of a system that allows for nurse input.
- Organizations have policies in place that allow input from nurses indicating that delegation is a professional right and responsibility.

1 ANA and NCSBN have different constituencies. The constituency of ANA is state nursing associations and member RNs. The constituency of NCSBN is state boards of nursing and all licensed nursing. Although for the purpose of collaboration, this joint paper refers to registered nurse practice, NCSBN acknowledges that in many states LPN/VNs have limited authority to delegate.

2 ANA defines supervision to be the active process of directing, guiding, and influencing the outcome of an individual's performance of a task. Similarly, NCSBN defines supervision as the provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a delegated nursing task by assistive personnel. Individuals engaging in supervision of patient care should not be construed to be managerial supervisors on behalf of the employer under federal labor law.

Joint Statement . . . cont. to page 14

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Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)

Appendix B National Council of State Boards of Nursing
Decision Tree for Delegation to Nursing Assistive Personnel

Step One – Assessment and Planning

Are there laws and rules in place that support the delegation?
NO → *If not in the licensed nurse's scope of practice, then cannot delegate to the nursing assistive personnel (NAP).* ***Authority to delegate varies; so licensed nurses must check the jurisdiction's statutes and regulations.***

YES

Is the task within the scope of the delegating nurse?
NO → **Do not delegate**

YES

Has there been assessment of the client needs?
NO → *Assess client needs and then proceed to a consideration of delegation*

YES

Is the delegating nurse competent to make delegation decisions?
NO → **Do not delegate** until can provide and document additional education, then reconsider delegation; **otherwise do not delegate**

YES

Is the task consistent with the recommended criteria for delegation to nursing assistive personnel (NAP)?
Must meet all the following criteria:
- *Is within the NAP range of functions*
- *Frequently recurs in the daily care of a client or group of clients;*
- *Is performed according to an established sequence of steps;*
- *Involves little or no modification from one client-care situation to another;*
- *May be performed with a predictable outcome;*
- *Does not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself; and*
- *Does not endanger a client's life or well-being*

NO → **Do not delegate**

YES

Does the nursing assistive personnel have the appropriate knowledge, skills and abilities (KSA) to accept the delegation?

Does the ability of the NAP match the care needs of the client?

NO → **Do not delegate** until evidence of education and validation of competency available, then reconsider delegations; **otherwise do not delegate**

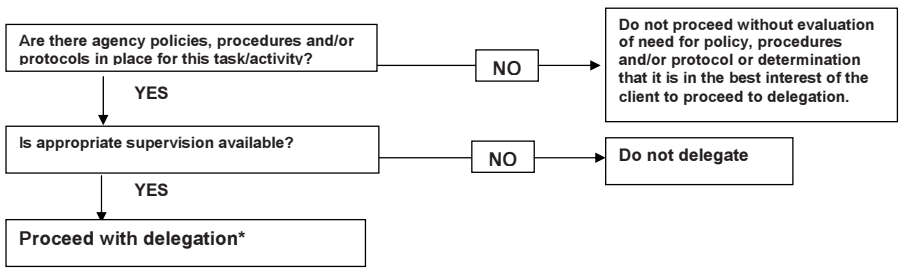
YES

Joint Statement . . . cont. to page 15

Joint Statement . . . cont. from page 14

ANA AMERICAN NURSES ASSOCIATION NCSBN National Council of State Boards of Nursing

Joint Statement on Delegation
American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN)



Step Two – Communication

Communication must be a two-way process

The nurse:	The nursing assistive personnel	**Documentation**: *Timely, complete and accurate documentation of provided care*
▪ Assesses the assistant's understanding o How the task is to be accomplished o When and what information is to be reported, including ✓ Expected observations to report and record ✓ Specific client concerns that would require prompt reporting. ▪ Individualizes for the nursing assistive personnel and client situation ▪ Addresses any unique client requirements and characteristics, and clear expectations of: ▪ Assesses the assistant's understanding of expectations, providing clarification if needed. ▪ Communicates his or her willingness and availability to guide and support assistant. ▪ Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility	▪ **Ask questions regarding the delegation and seek clarification of expectations if needed** ▪ Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently ▪ Ask for additional training or supervision ▪ Affirm understanding of expectations ▪ Determine the communication method between the nurse and the assistive personnel ▪ Determine the communication and plan of action in emergency situations.	▪ Facilitates communication with other members of the healthcare team ▪ Records the nursing care provided.

ANA AMERICAN NURSES ASSOCIATION NCSBN National Council of State Boards of Nursing

Joint Statement on Delegation
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Step Three – Surveillance and Supervision

The purpose of surveillance and monitoring is related to nurse's responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

The nurse considers the:	**The nurse determines:**	**The nurse is responsible for:**
▪ Client's health care status and stability of condition ▪ Predictability of responses and risks ▪ Setting where care occurs ▪ Availability of resources and support infrastructure. ▪ Complexity of the task being performed.	▪ The frequency of onsite supervision and assessment based on: o Needs of the client o Complexity of the delegated function/task/activity o Proximity of nurse's location	▪ Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include: ▪ Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client's condition deteriorates significantly). ▪ Awareness of assistant's difficulties in completing delegated activities. ▪ Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.

Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

In considering the effectiveness of delegation, the nurse addresses the following questions:
- Was the delegation successful?
  - Was the task/function/activity performed correctly?
  - Was the client's desired and/or expected outcome achieved?
  - Was the outcome optimal, satisfactory or unsatisfactory?
  - Was communication timely and effective?
  - What went well; what was challenging?
  - Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the client need?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any "learning moments" for the assistant and/or the nurse?
- Was appropriate feedback provided to the assistant regarding the performance of the delegation?
- Was the assistant acknowledged for accomplishing the task/activity/function?

DISCIPLINARY ACTIONS

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

***Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.*

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions for the Nursing Practice Act that were violated and a brief description of their conduct.

CENSURE LIST

Name	License Number	Violation	Effective Date of Censured License
Betty K. Dufer Dixon, MO	**PN057598**	**Section 335.066.2(6), RSMo** From 5/31/04 until 10/26/05, Licensee engaged in the practice of nursing without a license. Her license was renewed on 11/9/06.	Censure 6/9/2006
David Ashley Helman Ullin, IL	**RN2003001167**	**Section 335.066.2(5), RSMo** On 10/26/05, Licensee charted in the administration records that he administered the medication to a patient. The medication had been ordered by the patient's attending physician. Licensee, in fact, did not administer the medication.	Censure 6/17/2006
James W. Hill Saint Louis, MO	**RN104370**	**Section 335.066.2(5), RSMo** On 6/1/05, Licensee was approached by a patient at his facility who requested his medication, specifically Paxil. Licensee acknowledged that he had seen the doctor's orders for the medication but told the patient that the medication was not available and he would have to wait until tomorrow. The medication was readily available. As a result of Licensee's actions, the patient did not receive his medications as ordered by his doctor.	Censure 8/4/2006
Mandi J. Kindhart Belleville, IL	**PN2002025674**	**Section 335.066.2(5), (6) and (12), RSMo 2002** From 5/1/04 through 7/27/05, Licensee practiced as a licensed practical nurse on a lapsed license.	Censure 8/22/2006
Laura J. Lear Saint Louis, MO	**RN080303**	**Section 335.066.2(5), RSMo** On 7/29/05, Licensee refused to attend to the needs of a patient who stated that she needed to go to the restroom. On 8/12/05, Licensee failed to complete STAT lab orders in a timely manner. Licensee received STAT orders for the lab tests at approximately 10:00 a.m. Licensee did not draw blood from the patient until 12:20 p.m. Due to the delay; the lab results were not completed in a timely fashion and according to the patient's attending physician, could have resulted in significant injury to the patient.	Censure 7/7/2006
Melanie Gwen Langford Winfield, MO	**RN2003010323**	**Section 335.066.2(5) and (12), RSMo** On 12/16/04, Licensee accidentally administered the wrong medication of 200 mg. Demerol for pain to a patient, failing to verify the physician's orders calling for 4 mg. Percocet. Patient went into respiratory depression and was later revived by other staff members by giving patient supplemental oxygen and administering Narcan in order to counteract the overdose of Demerol. Licensee failed to verify the dosage and time span to administer medication. Licensee failed to observe the patient's vital signs and monitor the patient for possible reaction before and after administering the Demerol.	Censure 7/14/2006
Marie Ann Williams Poplar Bluff, MO	**RN2005011624**	**Section 335.066.2(8), RSMo** On 10/17/05, the Michigan State Board of Nursing issued a Consent Order and Stipulation against the licensee.	Censure 7/27/2006

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PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Patricia B. Brinkley Hannibal, MO	**PN014661**	**Section 335.066.2(2), RSMo 2002** On 1/10/01, Licensee pled guilty to Driving While Intoxicated. On 1/19/04, Licensee pled guilty to Driving While intoxicated—Second Offense. On 3/15/05, Licensee pled guilty to the class D felony of Driving While Intoxicated—Third Offense. The Court also found Licensee to be a prior and persistent alcohol related offender.	Probation 7/26/2006 to 7/26/2009
Ceresa Lynn Bullard Stockton, MO	**RN2006024433**	**Section 336.066.2(2), RSMo** On 3/24/04, Licensee entered a plea of guilty to the charge of Forgery in the Circuit Court of Cedar County, Missouri. Imposition of sentence was suspended and Bullard was placed on 3 years probation.	Probation 8/3/2006 to 8/3/2008
Tammi Jo Crider Versailles, MO	**PN2006023354**	**Section 335.066.1 and .2(2) RSMo 2000** On 3/20/02, Licensee pled guilty in the United State District Court for the Western District of Missouri to the charge of conspiracy to commit bank robbery.	Probation 7/27/2006 to 7/27/2009
Brian C, Denmark Sr. Neosho, MO	**RN147399**	**Section 335.066.2(2), RSMo 2000** On 11/20/92, Licensee pled guilty to DWI. On 4/20/99, Licensee pled guilty to one count of DWI and one count of Driving While Revoked ("DWR"). On 4/17/04, Licensee pled guilty to one count of DWI-Persistent Offender. On 4/24/05, Licensee under penalty of perjury, Answered "No" to questions # 7 on his Nursing Licensee renewal application. Question #7 reads: "Since you last renewed have you been convicted, ad judged guilty by a court, pled guilty or pled nolo contendre to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed?	Probation 7/21/2006 to 7/21/2009
Diane C. Dueker Cuba, MO	**RN2002017264**	**Section 335.066.2(5) and (12), RSMo 2000** On 6/1/2004, Licensee was assigned to work a second shift and arrived at 7:00 p.m. On 6/1/2004, at approximately 11:00 pm Licensee, while on duty, was unable to be found on the unit floor that she was assigned. At 11:00 pm, staff reported Licensee missing from the unit and completed a room to room search for Licensee, which was unsuccessful. Licensee left her assigned patients unattended. During Licensee's absence a physician called to talk to her about one of her patients. Licensee could not be found nor contacted by phone and the supervisor could not locate her for approximately 30 minutes to an hour. On 6/1/2004, Licensee exited the building to go to the parking lot and re-entered the building approximately five times.	Probation 6/3/2006 to 6/3/2007
Angela M, Fitzgerald Lees Summit, MO	**RN118596**	**Section 335.066.0(5) and (12), RSMo 2000** On 8/19/04 through 8/26/04, Licensee, at her place of employment, on (6) six separate occasions, withdrew more Demerol, and Morphine than was needed for emergency department patients and failed to have another nurse witness the wastage. On 8/25/04, the physician orders were to administer 10 milligrams of Morphine to a patient. The Licensee withdrew 100 milligrams of Demerol instead and recorded the wasting of the entire 100 milligrams. On 8/21/04, Licensee, on two separate occasions, did not chart administration of Morphine or Demerol, in the patient's chart, but charted that she had administered 800 milligrams of Ibuprofen ("Advil") to each of them. On 8/24/04, Licensee withdrew Morphine for a patient without physician's orders. On 8/26/04, Licensee documented that she administered 3 milligrams of Morphine to a patient's record, but did not document the wastage of the remaining 3 milligrams of Morphine that the Licensee had withdraw onto the controlled substance record.	Probation 6/16/2006 to 6/16/2007
Lori Ann Graves Independence, MO	**RN2000153627**	**Section 335.066.2(5) and (12) RSMo** The Administrative Hearing Commission found cause to discipline for violation of 335.066, RSMo, which including withdrawing medication without physician's written orders, withdrawing medications in quantities greater than ordered by the physician and failure to chart the disposition of withdrawn medications.	Probation 6/15/2006 to 6/15/2009
Christopher S. Harter Topeka, KS	**RN155304**	**Section 335.066.2(8), RSMo 2000** On 4/12/04, Licensee & the Vermont Board of Nursing entered into a stipulation & consent order placing Licensee's Vermont license on probation.	Probation 8/5/2006 to 8/5/2008

Disciplinary Actions cont. to page 18

Disciplinary Actions cont. from page 17

Name	License Number	Violation	Effective Date of Probation
Sheila Kaye Hart-McKellar Rolla, MO	**RN2002014012**	**Section 355.066.2(1), (2), (5), (12), and (14), RSMo 2000** From 11/03 through 1/04, while on duty, Licensee repeatedly misappropriated Demerol and Morphine on more than one occasion for her personal consumption, which she self-injected while on duty. Licensee worked in an impaired condition. Licensee did not have a prescription for the Demerol and/or Morphine. On 2/18/04, Licensee's employment was terminated due to the misappropriation of this Demerol and Morphine.	Probation 7/24/2006 to 7/24/2011
Michael Kevin Kalinowski Columbia, MO	**PN2006026212**	**Section 335.066.1 and .2(1), (2), and (14), RSMo** On 3/14/75, Licensee entered a plea of guilty to the charge of possession of a controlled substance in the Circuit Court of St. Louis County, Missouri. Imposition of sentence was suspended and Licensee was placed on 3 years probation. Licensee admits that he has an extensive history of alcohol abuse, stating that he has been "in and out of the AA program for almost 25 years." His current sober date is 7/30/04. Licensee has a history of using alcohol to an extent that such use would impair his ability to perform his work as a nurse.	Probation 8/24/2006 to 8/24/2011
Larry L Knepper Joplin, MO	**RN090811**	**Section 335.066.2(5) and (12), RSMo** On 11/16/05, Licensee arrived for his shift at 7:00 pm and smelled of alcohol on his breath. The shift coordinator told the Director of Surgery, that the Licensee was not acting impaired; however, he was "talking louder than normal." On 11/17/05, the Director called the Licensee and told him that someone had reported smelling alcohol on his breath and asked him if he had been drinking. The Licensee stated that he had not been drinking. He was asked to submit to a breath test and he agreed. The test revealed that he had consumed alcohol. Licensee's blood alcohol content was about .02 but less than .08. After speaking to the Licensee about the results, the Licensee expressed remorse for his actions and stated that he had consumed alcohol earlier that day. It was reported by the Director of Surgery that 11/15/05 was not the first time the Licensee was spoken to about his use of alcohol. According to the Director of Surgery, on 5/23/00, she and the Nurse Manager on duty met with the Licensee regarding a complaint that he smelled of alcohol, but at that time they did not feel that the Licensee smelled of alcohol nor acted inappropriately to warrant testing him.	Probation 8/16/2006 to 8/16/2007
Jennifer J. Kohler Columbus, KS	**RN142998**	**Section 335.066.2(5) and (14), RSMo** On 1/8/05 a comatose patient was "dressed up" with a nurse's mask that was used to appear as a hat, an oral swab which was used to appear as a cigarette, goggles with red dots painted on them, and a flashlight that was used under the patient's gown to appear as an exaggerated erection of his penis. Three staff members were involved in the incident. Respondent and another employee offered to bathe the patient. While Licensee was performing Foley care on the patient he developed an erection and his hand fell on his thigh next to his penis at which point Respondent and another nurse started laughing and making jokes regarding the incident. After bathing the patient, a nurse performed oral care on the patient which consisted of cleaning the saliva from the patient's mouth with an oral swab. During oral care the patient bit down on the oral swab and the swab became lodged in the patient's mouth. While the swab was lodged in the patient mouth, another nurse made the comment that it looked as if the patient was smoking. The Respondent observed the other nurse place goggles on the patient's head and a surgical mask on the patient's head, put the flashlight under the patient's gown to exaggerate his erection and place the patient's hand on the flashlight so that it would appear as if the patient was holding himself. Respondent did nothing to remedy the situation nor did she take any steps to stop the other nurse from "dressing up" the patient.	Probation 7/7/2006 to 7/7/2008
Kirk D. Linden Saint Charles, MO	**RN120202**	**Section 335066.2(5) and (12), RSMo2000** On 12/17/04 to 12/18/04, Licensee was the charge nurse in a hospital emergency department. Licensee was requested to assist another nurse to establish an I.V. in a patient's arm. Licensee came into patient's room asking why patient was crying, and then proceeded to grab patient's right arm in order to administer an I.V. Patient told Licensee to let go her arm, but Licensee did not. Licensee began to talk sternly at patient telling her to "stop acting like a baby," and to let him get the I.V. started. Patient yelled back to the Licensee to let go her arm, but Licensee did not. Licensee was holding tightly enough onto patient's arm that she could not pull it away from the Licensee. After a third time of telling Licensee to let go of patient's arm, Licensee released patient's arm and angrily left the room. Once Licensee left patient's room, a patient care technician approached Licensee in the hall and told Licensee "you can't talk to patients like that." Licensee then grabbed the patient care technician's arms and told her not to touch Licensee again.	Probation 9/1/2006 to 9/1/2008

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Name	License Number	Violation	Effective Date of Probation
Patricia D. Lovier Grandview, MO	**RN144630**	**Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000** Licensee misappropriated Morphine and Demerol from her employer and consumed them while on duty.	Probation 7/22/2006 to 7/22/2011
Meredith Lynn Mathes Columbus, KS	**RN2002016191**	**Section 335.066.2(5) and (14), RSMo** On 1/08/05, a comatose patient was "dressed up" with a nurse's mask that was used to appear as a hat, an oral swab which was used to appear as a cigarette, goggles with red dots painted on them, and a flashlight that was used under the patient's gown to appear as an exaggerated erection of his penis. Three staff members were involved in the incident. Respondent and another employee offered to bathe the patient. While another Licensee was performing Foley care on the patient he developed an erection and his hand fell on his thigh next to his penis at which point Respondent and another nurse started laughing and making jokes regarding the incident. The Respondent observed another nurse place goggles on the patient's head and a surgical mask on the patient's head, put the flashlight under the patient's gown to exaggerate his erection and place the patient's hand on the flashlight so that it would appear as if the patient was holding himself. Respondent did nothing to remove the items herself or try to remedy the situation in any way, in fact Respondent was laughing "hysterically."	Probation 7/20/2006 to 7/20/2008
Shannon C. Meek Deerfield, MO	**RN141958**	**Section 335.066.2(5) and (12), RSMo** On 1/8/05, Licensee along with two other staff members "dressed up" a comatose patient with a nurse's mask that was used as a hat, an oral swab which was used to appear as a cigarette, goggles with red dots painted on them, and a flashlight that was used under the patient's gown to appear as an exaggerated erection of his penis. While performing the Foley care on the patient, he developed an erection and his hand fell on his thigh next to his penis, at which point the Licensee and another staff member laughed and made jokes regarding the erection. Licensee performed oral care on the patient which consisted of cleaning the saliva from the patient's mouth with an oral swab. During oral care the patient bit down on the oral swab and the swab became lodged in the patient's month. The Licensee and other staff members continued making comments that it looked as if the patient was smoking.	Probation 8/9/2006 to 8/9/2008
Bobbi L. Mulkins Lexington, KY	**RN140703**	**Section 620.153, RSMo 2000** Licensee violated the terms of the disciplinary agreement. On 9/21/04, Licensee self reported that she had relapsed on alcohol on 10/14/04 and 3/31/05.	Probation 8/4/2006 to 8/4/2011
Leigh A. Myerchin Springfield, MO	**PN052292**	**Section 620.153, RSMo. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999)** On 9/12/03, Licensee possessed and consumed cocaine resulting in a positive drug screen; which also violated the terms of her disciplinary agreement.	Probation 7/29/2006 to 7/29/2009
Vickie J. Olf Independence, MO	**RN073291**	**Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000** On 2/9/01, after turning the ventriculostomy stopcock to closed, to read the intra-cranial pressure, the Licensee failed to open it again for drainage. The line became clogged which Licensee failed to respond to and document. Licensee also administered 25,000 units of heparin in 250 mls of D5W instead of the 1000 units of heparin in 500 cc of normal saline as ordered. On 11/26/01, when a resident would not swallow medication, Licensee forcibly held the resident's nostrils shut and poured water in her mouth until the resident had to swallow it.	Probation 7/27/2006 to7/27/2009
Nina F. Rexroat Unionville, MO	**RN039149**	**Section 335.021, RSMo 2000** On 12/12/04, a patient presented to the Emergency Room a hospital, complaining of chest pain and pain in his left arm. The attending physician ordered 700 units per hour of Heparin, an anticoagulant, to be administered to the patient. The pharmacist on duty prepared a solution containing Heparin, which was to be infused at a rate of 7 cubic centimeters ("c") per hour. A fellow employee at the hospital was instructed by her supervisor, to infuse the solution of Heparin at 7 cc per hour. The employee set the equipment to infuse the patient with Heparin solution at a rate of 70 cc per hour, ten times the intended rate. After the employee's shift ended, the Licensee cared for the patient for the next 7 hours, and allowed the Heparin solution to continue to infuse at 70 cc per hour. Licensee left work at the end of her shift without notifying the patient's physician that the Heparin solution had been infused at the wrong rate for the past several hours.	Probation 6/16/2006 to 7/7/2006

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Disciplinary Actions cont. from page 19

Name	License Number	Violation	Effective Date of Probation
Angelina Sarsah Dixon, MO	**RN2002021025**	**Section 335.066.2(5) and (12), RSMo 2000** On 1/11/03, while working as a charge nurse, the Licensee failed to assess and document a resident's fall nor did the Licensee notify the physician or family. On 1/12/03, the resident fell a second time. This information was passed on to the Licensee during report. Licensee failed to monitor the residents' vital/neuro signs following the fall. It was then reported to the Licensee that the resident was experiencing chest pain and having difficulty breathing; the Licensee did not respond to the resident's complaints nor notify the physician of the change of condition.	Probation 6/28/2006 to 6/29/2009
Paul Lee Schleicher Archie, MO	**PN2000144218**	**Section 335.066.2(2) and (14), RSMo** On 3/2/05, Licensee entered a plea of guilty to the charge of Conspiracy to Manufacture a Controlled Substance in the United States District Court for the Western District of Missouri. The Courts placed the Licensee on five (5) years probation.	Probation 8/10/2006 to 8/10/2011
Amy Silbey Saint Louis, MO	**RN155916**	**Section 335.066.2(1), (5), (12), and (14) RSMo** From 9/1/01 to 7/15/04, Licensee misappropriated Fentanyl for her personal consumption.	Probation 7/21/2006 to 7/21/2011
Joni Michelle Stanley Jefferson City, MO	**PN2006026512**	**Section 335.066.2(2), RSMo** On 3/25/99, in the Camden County, Missouri Osage Beach, Municipal Division, Licensee plead guilty to a DWI. Licensee was sentenced to 2 years probation, complete SATOP, and Victim's Impact Panel and pay court costs. On 8/22/02, in the Circuit Court of Camden County, Missouri, Licensee pled guilty to a second DWI. Licensee was again placed on probation, ordered to complete SATOP and the Victim's Impact Panel and pay court costs. On 9/16/02, in the Circuit Court of Camden County, Missouri, Licensee pled guilty to possession of methamphetamine. Licensee was ordered to serve 48 hours shock time in jail and was placed on 5 years probation. Special conditions of Licensee's probation included abstaining from all controlled substances without a valid prescription and abstaining from consuming alcoholic beverages. On 6/16/03, in violation of her probation, Licensee reported consuming marijuana. Licensee was ordered to continue on probation. On 12/16/03, in violation of her probation, Licensee reported consuming alcohol and was ordered to continue on probation.	Probation 8/28/2006 to 8/28/2008
Lorie A. Stevens Strafford, MO	**PN037766**	**Section 335.066.3(1) RSMo** The Administrative Hearing Commission found cause to discipline for violations of 335.066, RSMo, which involved attempting to overdose on prescription medication and reporting to work while in an impaired condition.	Probation 6/15/2006 to 6/15/2011
Patricia A. Vernon Saint Joseph, MO	**RN114788**	**Section 335.066.2(1), (5), (12) and (14), RSMo 2000** On 9/18/04, while working, Licensee withdrew four (4) Darvocet tablets during her shift, when only one was ordered. Of those four Darvocet, a/k/a Propoxyphene, tablets, Licensee diverted one tablet for her personal consumption while on duty, and wasted two without a witness. On 9/20/04, Licensee was requested to submit to a drug screen, which tested positive for the presence of Propoxyphene. On or about 9/18/06, Licensee admitted to using marijuana the week before. Licensee did not have a valid prescription for Propoxyphene or marijuana which are controlled substances.	Probation 6/17/2006 to 6/17/2008
Jason C. Wright Pevely, MO	**RN124058**	**Section 335.066.2(5) and (12), RSMo 2000** On 10/25/05, while on duty at the Hospital, Licensee displayed inappropriate behavior, in that he frequently abandoned his patients by leaving the floor to smoke without transferring the care of his patients to another licensed healthcare provider. Licensee also displayed erratic and disjointed actions and was observed sleeping on duty.	Probation 8/24/2006 to 8/24/2008

RESTRICTED

Name	License Number	Violation	Effective Date of Restriction
Kelondos Marquis Trice Saint Louis, MO	**RN2006022080**	**Section 335.066.1 and .2(2), RSMO, 2000** On 11/11/02, Trice entered a plea of guilty to a felony charge of possession of a falsely made military identification card. On 2/20/03, Trice entered a plea of guilty to a felony charge of forgery in St. Louis County, MO. On 2/23/03, Trice entered a plea of guilty to a felony charge of forgery in St. Charles County, MO.	Restricted 7/13/2006 to 7/13/2008

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REVOKED

Name	License Number	Violation	Effective Date of Revocation
Mildred Byrd Kansas City, KS	**PN053455**	Licensee violated her probation with the Board by not attending a meeting with the Board's representative on 1/19/06, not submitting required documentation and failure to submit results of urine drugs screens.	Revoked 6/15/2006
Jeannie M. Crase Oak Grove, MO	**RN122091**	Revoked for violating the terms of discipline.	Revoked 6/15/2006
Bridget Carroll Saint Louis, MO	**RN104583**	Revoked for violating the terms of discipline.	Revoked 6/15/2006
Christine M. Herr Saint Louis, MO	**RN131461**	Revoked for violating the terms of discipline.	Revoked 6/15/2006
Kathleen S. Hodson Centralia, MO	**RN143272**	The Administrative Hearing Commission issued their decision on 2/14/06, indicating that the Board had cause to discipline her license because her license was disciplined in the State of Arizona based on grounds for which discipline is authorized in Missouri.	Revoked 6/15/2006
Johanna C. Kastendieck Richmond, MO	**PN042471**	Licensee violated her probation with the Board by not attending a meeting with the Board's representative on 4/28/05 and by not submitting required documentation.	Revoked 6/15/2006
John D. Myers Cimarron, KS	**RN114878**	The Administrative Hearing Commission issued their decision on 2/2/06, indicating that the Board had cause to discipline his license because of his placement on an Employment Disqualification List by the Department of Health and Senior Services.	Revoked 6/15/2006
Jason L. Nance Saint Louis, MO	**PN2001020490**	On or about 1/25/06, Nance was fired from his position for questionable documentation of narcotic administration. Nance was interviewed by an investigator for the Board. In that interview, Nance admitted that he was diverting medication for his personal consumption. Nance further admitted that he falsified or altered his medication reports in an effort to conceal his diversion. Nance specifically admitted to diverting Vicodin for his personal use. Licensee violated the terms of his discipline.	Revoked 6/15/2006
Doris A. Odebunmi Spanish Lake, MO	**RN134505**	**Section 335.066.2(2), RSMo 2002** On 11/17/04, Licensee pled guilty to misuse of a social security number. Licensee, for the purpose of obtaining credit, money and property and with the intent to deceive, falsely represented a number to be her social security number, when in truth; Licensee knew said number was not her social security number. Licensee used the identity of two of her patients to pay for car repairs, eye glasses, a gift card and other items.	Revoked 8/17/2006
Dyanne Porter Saint Louis, MO	**PN021819**	**Section 335.066.2(15) RSMo 2000** On 2/16/06, Licensee was placed on the Employee Disqualification List ("EDL") for a period of two years. Placement on the EDL was based on the Department's findings that on 11/6/04, while on duty, Ms. Porter punched a confused, combative seventy-one year old female resident more than once.	Revoked 8/11/2006
James E. Rhoades Speed, MO	**PN027941**	The Administrative Hearing Commission issued their decision on 1/9/06, indicating that the Board had cause to discipline his license because of his placement on an Employment Disqualification List (EDL) by the Department of Health and Senior Services. On 7/7/04, Rhoades was placed on the Department's EDL for 10 years based on his conduct.	Revoked 6/15/2006
Petra Williston Shute Williston, ND	**RN136766**	**Section 335.066.2(1), (8), and (14) RSMo 2000** On 7/15/04, Licensee was disciplined by the North Dakota Board of Nursing due to misappropriation of Demerol and Hydrocodone for personal consumption and failure to account for wastage of these controlled substances on several occasions. On 11/5/04, after testing positive for cocaine; Licensee admitted to possessing and consuming cocaine.	Revoked 7/15/2006

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Name	License Number	Violation	Effective Date of Revocation
Patricia L. Walker Kansas City, MO	**RN076673**	**Section 335.066.2(1), (5), (12) and (14) RSMO 2000** On 12/22/04, while on duty, Licensee showed signs of being physically impaired. On 12/22/04, Licensee misappropriated Morphine for her personal use. On 12/23/04, Licensee tested positive for the presence of Morphine. On 3/8/05, Licensee hid a bottle of Roxanol in the trash with 10 milligrams still in the bottle. On 4/30/05, Licensee misappropriated Roxanol for her personal use. On 4/30/05, Licensee tested positive for presence of opiates. On 3/30/05, Licensee consumed 2 tablets of Tylenol #3 that were prescribed for her daughter. On 6/28/05, Licensee removed four Hydrocodone from the Emergency Kit for a resident who had physician orders for Oxycodone. On 6/29/05, Licensee withdrew four tablets of Oxycodone at 2:45 p.m. for a patient. Licensee then documented that two of the Oxycodone got wet with water and were wasted. Licensee was not scheduled to work at 2:45 pm on 6/29/05.	Revoked 6/3/2006
Billy G Williams Saint Louis, MO	**PN055664**	**Section 335.021, RSMo2000** Licensee violated probation by not providing the required documentation and not meeting with the Board's representative.	Revoked 6/15/2006

SUSPENSION

Name	License Number	Violation	Effective Date of Suspension
Joseph Wayne Frye West Plains, MO	**PN2006000319**	Licensee is currently charged with the crime of Murder in the Second Degree in the Circuit Court of Howell County, Missouri, Case No. 06C3-CR00716-01.	Suspension 7/25/2006

VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Voluntary Surrender
Trudi K. Almond Moberly, MO	**PN2000168512**	**Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000** On 4/10/06, Licensee relapsed and used crack cocaine. Licensee did not have a valid prescription for cocaine. Licensee voluntarily surrendered her license when Board imposed additional years of probation on her nursing license.	Suspension 6/15/2006 to 6/15/2008 then Voluntary Surrender 8/4/2006
Michelle J. Colombo Saint Louis, MO	**RN151717**	**Section 621.045.3, RSMo** Licensee is in violation of the probation requirements of her Settlement Agreement which went into effect on 06/15/06.	Voluntary Surrender 7/13/2006
Vicki L. Fraze Lathrop, MO	**PN032448**	**Section 536.621.05.3 and 621.110, RSMo** On 8/26/06, Licensee stole 6 Percocet tablets from a resident throwing the empty pill card and count sheets in the trash. Licensee was charged with the Class C felony of possession of a controlled substance without a prescription.	Voluntary Surrender 8/22/2006
James M. Glaenzer Highland, IL	**RN2000149142**	**Section 621.045.3, RSMo** Violation of probation requirements set forth in Settlement Agreement which went into effect on 4/27/02.	Voluntary Surrender 7/1/2006
Janie L. Graham Fayetteville,AR	**RN136120**	**Section 335.066.2.(8)** Information received from the Arkansas State Board of Nursing states that the Licensee was placed on two years probation and fined for unprofessional practice and alcohol abuse. Findings of Fact state that on the evening of 11/16/04, it was reported by the staff on duty that the Licensee's behavior was erratic and that she smelled of alcohol. Licensee's for-cause drug screen was positive for alcohol. Licensee voluntarily surrendered her Missouri Nursing License.	Voluntary Surrender 7/12/2006
Stacy Jean Gutshall Liberty, MO	**RN152345**	**Section 621.045.3, RSMo** Licensee is in violation of the probation requirements of her Settlement Agreement which went into effect on 04/24/04.	Voluntary Surrender 7/12/2006
Beverly K. Halford Mountain Grove, MO	**PN045059**	**Section 335.066.2(5) RSMo** Licensee is licensed by the Board as a licensed practical nurse, License No. 045059. Licensee's Missouri license expired on 5/31/95. From approximately January 2003 until March 2004, Licensee was employed at a clinic. During that time, Licensee represented herself as a registered nurse, including signing patient charts with an "R.N." designation. Licensee has never been licensed as a registered nurse. At the time of her employment with the clinic, her L.P.N. license was lapsed. Therefore, during the entirety of her employment with the clinic, Licensee was engaged in the practice of nursing without proper licensure.	Voluntary Surrender 8/11/2006

Disciplinary Actions cont. to page 23

Disciplinary Actions cont. from page 22

Name	License Number	Violation	Effective Date of Voluntary Surrender
Jeffrey L. Hannah Nixa, MO	**RN112939**	**Section 621.045.3, RSMo** Licensee violated the terms and conditions of his probation. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee is required to call a toll free number every day to determine if he is required to submit to a test that day. During the disciplinary period, Licensee has failed to call in to NCPS, Inc. on 20 days. Further, on 1/27/06 and 2/20/06, Licensee called NCPS, Inc. and was advised that he had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide a sample.	Voluntary Surrender 8/29/2006
Christina J. Licklider Joplin, MO	**RN115148**	**Section 621.045.3 RSMo** Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee is required to call a toll free number every day to determine if she is required to submit to a test that day. In the period from February 2005 to this filing, Licensee has failed to call in to NCPS, Inc. on 32 days. Further, on three separate days, Licensee was randomly chosen by NCPS, Inc. to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample.	Voluntary Surrender 8/9/2006
Janice V. Lotz Gilbert, AZ	**RN045442**	**Section 335.066.2(8) RSMo** On 9/12/05, the Arizona State Board of Nursing issued an Order accepting Licensee's voluntary surrender of her Arizona nursing license.	Voluntary Surrender 7/11/2006
Donna A. Nettles Gideon, MO	**RN138410**	**Section 335.066.2(15), RSMo 2000** On 3/22/05, the Missouri Department of Health and Senior Services placed Licensee on the Employee Disqualification List (EDL) for a period of five years. Placement on the EDL was based on the Department's findings of the following: On 12/10/03, Licensee took a client's prescription bottle containing more than 60 pills of Ultracet from the client's home without the patient's knowledge or consent. On 10/7/04, Licensee took at least 14 Ultracet pills from the client's home without the knowledge or consent.	Voluntary Surrender 9/1/2006

Disciplinary Actions cont. to page 24

Disciplinary Actions cont. from page 23

Name	License Number	Violation	Effective Date of Voluntary Surrender
Lemyra D. Nunley Columbia, MO	**PN045227**	**Section 621.045.3 RSMo** Licensee violated the terms of the disciplinary agreement by not submitting a thorough chemical dependency evaluation and on 1/24/06, Licensee submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana.	Voluntary Surrender 8/1/2006
Ronalee D. Parsons Saint Louis, MO	**PN027137**	**Section 335.066.2(5) and (12) RSMo 2000** From 1/6/04 through 2/23/04, Licensee withdrew multiple doses of Percocet and Vicodin from the Pyxis machine, for six different patients. Licensee exhibited inconsistencies in documentation of drug administration, causing uncertainty whether drugs were administered; and multiple incidents of exceeding the dosage or frequency of drugs administered to patients. Licensee did not account for the wasting of the medication. Licensee stated all medications were given to the patients. Licensee admitted to improper documentation of the administration of controlled drugs. Licensee admitted that she occasionally took it upon herself to give medications more often than ordered.	Voluntary Surrender 7/21/2006
David E. Rogers Albuquerque, NM	**Registered Nurse 150226**	**Section 335.066.2(8), RSMo 2000** On 11/10/04, Licensee's Oklahoma nursing license was revoked for a period of 3 years by Oklahoma Board of Nursing for failing to conform to the minimum standards of acceptable nursing practice, committing an act that jeopardized a patient's life, health and safety, and demonstrating unprofessional conduct as defined in the Oklahoma Administrative Code. On 02/7/04 to 02/8/04, while employed by a medical staffing organization; Licensee was assigned to work at a hospital from 2300 to 0700. The Oklahoma Board of Nursing further found that during Licensee's shift he practiced beyond the scope of a registered nurse by administering controlled dangerous substances (CDS) not prescribed by the treating physician; and failed to perform and/or consistently document the assessment of patients in his care prior to giving CDS and to evaluate the effectiveness of the CDS in relieving pain. On 7/8/04, the Oklahoma Board investigator received documents submitted by Licensee relating to the Board's investigation, including but not limited to, correspondence allegedly from Melissa Sulyle, stating the allegation by CRH were determined to be false by On-Call. The Oklahoma Board of Nursing found that Melissa Sulyle's, Staffing Coordinator, did not prepare nor sign this correspondence and that she did not agree with the content."	Voluntary Surrender 8/22/2006
Rebecca L. Wilson Sparta, MO	**RN147137**	Licensee reported she had criminal charges filed against her for illegal drug possession. Per the Licensee's request, she voluntarily surrendered her nursing license.	Voluntary Surrender 8/8/2006

Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part "If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . ." and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . ."

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. ***Name and/or address changes require a written, signed submission. Please submit your change(s) by:***

• Fax: 573-751-6745 or 573-751-0075 or

• Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Please complete all fields to ensure proper identification.		
❑ RN ❑ LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of $15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the L*icensure Information & Forms* tab on our website at http://pr.mo.gov/nursing.asp

Holiday Greetings from the Board and Staff of the Missouri State Board of Nursing.